| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | | Application or Docket Number | | | | |
|---|--|--|-----------------|--------------------------------|---------------------|-----------------|------------|---------------------|------------------------------|----------------------------------|--------------|------------------------|--|
| | | | | | | | | | | | | | |
| | | | (Column | (Column 2) | | | TYPE | | OR | | | | |
| U.S. NATIONAL STAGE FEES | | | | | | | | RATE | FEE |] . | RATE | FEE | |
| BASIC FEE | | | | | | | | BASIC FEE | 1 | OR | BASIC FEE | 300 | |
| EXAMINATION FEE | | | | | | | | EXAM. FEE | | | EXAM. FEE | 200 | |
| SEARCH FEE | | | | | | | | SEARCH FEE | 1 | | SEARCH FEE | 400 | |
| FEE FOR EXTRA SPEC. PGS. | | | minu | / 50 = | | | X \$ 125 = | 1 | ŀ | X \$ 250 = | 100 | | |
| TOTAL CHARGEABLE CLAIMS | | | 20 min | • | | | X \$ 25 = | | OR | X \$ 50 = | | | |
| INDEPENDENT CLAIMS | | | 3 mi | • | | 7 | X \$ 100 = | | OR | X \$ 200 = | | | |
| MULTIPLE DEPENDENT CLAIM PRE | | | ESENT | | Ë | 丁 | + \$ 180 = | | OR | + \$ 360 = | | | |
| * If | the difference | in column 1 is | less than zero, | o" in co | lumn 2 | | TOTAL | | OR | TOTAL | 900 | | |
| 5 | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALLE | ENTITY | OTHER THAN NTITY OR SMALL ENTITY | | | |
| AMENDMENT A | , | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER DUSLY | PRESEN EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | .30 | Minus . | - a | 2 | - | | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | <u>. 3 </u> | Minus | 3 |) | = \ | | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | | | TOTAL ADDIT. FFF | Į. | OR | TOTAL ADDIT. | | |
| | | (Column 1) | | (Colur | nn 2) | (Column | 3) | | | | | ţ | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | EST BER DUSLY | PRESEN EXTRA | 1 | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • | Minus | ** | 1 | = | | X \$ 25= | | OR | X \$ 50 = | | |
| | Independent | • | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRES | ENTATION OF M | IULTIPLE DEPE | NDENT (| CLAIM | | 1 | + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | | | | | TOTAL ADDIT. | | OR | TOTAL ADDIT. | | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is tess than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is tess than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |